

ST 10/16/2003

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b> Effective January 1, 2003				Application or Docket Number <b>VITA-002 CIPZ</b>				
<b>CLAIMS AS FILED - PART I</b>								
(Column 1)		(Column 2)		SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		20			RATE <input type="checkbox"/> FEE			
FOR		NUMBER FILED	NUMBER EXTRA	RATE <input type="checkbox"/> FEE				
TOTAL CHARGEABLE CLAIMS		20 minus 20 = *	0	BASIC FEE <input type="checkbox"/> 375.00				
INDEPENDENT CLAIMS		5 minus 3 = *	2	X\$ 9= <input type="checkbox"/>				
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>				X42= <input type="checkbox"/>				
* If the difference in column 1 is less than zero, enter "0" in column 2				+140= <input type="checkbox"/>				
8/2/1				TOTAL <input type="checkbox"/>				
<b>CLAIMS AS AMENDED - PART II</b>				OTHER THAN SMALL ENTITY				
AMENDMENT A	(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY OR OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL FEE		RATE <input type="checkbox"/> ADDI- TIONAL FEE		
Total	* 20	Minus	** 0	X\$ 9= <input type="checkbox"/>		X\$ 18= <input type="checkbox"/>		
Independent	* 5	Minus	*** 0	X42= <input type="checkbox"/>		X84= <input type="checkbox"/>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				+140= <input type="checkbox"/>		+280= <input type="checkbox"/>		
1 6 7 14 15				TOTAL <input type="checkbox"/>		TOTAL <input type="checkbox"/>		
AMENDMENT B	(Column 1)		(Column 2)	(Column 3)	RATE <input type="checkbox"/> ADDI- TIONAL FEE		RATE <input type="checkbox"/> ADDI- TIONAL FEE	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9= <input type="checkbox"/>		X\$ 18= <input type="checkbox"/>		
Total	*	Minus	**	X42= <input type="checkbox"/>		X84= <input type="checkbox"/>		
Independent	*	Minus	***	+140= <input type="checkbox"/>		+280= <input type="checkbox"/>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				TOTAL <input type="checkbox"/>		TOTAL <input type="checkbox"/>		
AMENDMENT C	(Column 1)		(Column 2)	(Column 3)	RATE <input type="checkbox"/> ADDI- TIONAL FEE		RATE <input type="checkbox"/> ADDI- TIONAL FEE	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9= <input type="checkbox"/>		X\$ 18= <input type="checkbox"/>		
Total	*	Minus	**	X42= <input type="checkbox"/>		X84= <input type="checkbox"/>		
Independent	*	Minus	***	+140= <input type="checkbox"/>		+280= <input type="checkbox"/>		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				TOTAL <input type="checkbox"/>		TOTAL <input type="checkbox"/>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								